

Division of Health Care Finance and Policy

An INET Web Application User Guide to:

Community Health Center Cost Reporting

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Revision History

Date	Version	Description	Author
September 10, 2007	1.0	Initial version	C. Kane

I. User Guide Overview.

This is a basic guide to filing the **Community Health Center Cost Report (CHCCR)** by means of the Division of Health Care Finance and Policy's **INET** Web site.

A. Introduction.

Beginning in October 2007, the Division will deploy a web application for collecting Community Health Center Cost Reports electronically. Beginning with either the FY2005 or FY2006 filing, providers will connect to this web application through the Division's "**INET**" web site at: <https://dhcfpinet.hcf.state.ma.us/>.

The INET site currently has multiple active production applications already in use by providers to submit clinical and financial data - including Hospitals, CHC's, Nursing Facilities and Adult Day programs.

B. Step by Step Process.

The following describes all the necessary steps to complete and successfully submit your annual report electronically:

1. Register your users for INET.

You will typically need to register the **user** who will enter the data and submit the annual report. Once processed by the Division, the registered user will receive a Login ID via email.

2. Assemble all required information for your annual report submission.

This would be the same process as currently required to fill out and file the Excel version of the CHC Cost Report.

3. Login to INET <https://dhcfpinet.hcf.state.ma.us/> , using the Login ID provided to you by the Division in Step 1.

- a. Select menu option: **Community Health Center Cost Report**

- b. Start a new annual report filing:

- Select “Filing” and then “New CHCCR” in the left side pane
- Enter required general information into the form presented, and then save by clicking on the blue “Save” button.

You have now created a new filing. Click on Filing again in the left hand Navigation pane and note that now you see all the different sections of the cost report are available to select.

General Information
Schedule A
Schedule B
Etc...

- Enter data items - You may enter data in sequence or select the section you want to go to directly by clicking on the link in the navigation pane.
- Save - You may **save** at any point and come back later to complete your filing.

 **Caution...** Inactivity for 20 minutes will cause the internet session to Time-Out, and you will lose any unsaved data!

4. As each section of the **CHCCR** report is completed, you may click on the “Error Check” button, which will just check for errors or completeness in the Schedule in which you are working. Again, remember to **save** as you complete sections.
5. **Submit** the cost report.

Your report is not **filed** until you have successfully **submitted** your data.

Once you have entered all the report details, for all required Schedules, you are ready to **submit** your information to the Division. Click on the “Submit CHCCR Report” link in the left Navigation pane. A request to **submit** automatically runs a full set of **Edit** checks for the entire CHC cost report. If the filing passes all the required error checks, you will be

presented a screen where you can sign the report (Certification by Provider). Once the document is **signed**, the file is considered submitted to the Division.

Please note that submitting may require cycling through the process more than once until there are no more errors. If there are any data omissions or mathematical inconsistencies, these problems will be displayed. To submit successfully you must first correct all the problems listed, and then submit again. Do this until all errors are cleared.

Upon successful submission and signing, you will see the following message on the Web form:

Congratulations! Your report is now officially submitted, and no longer editable. A PDF version is generated and stored in the system for the record.

You are strongly urged to view and print the PDF for your own record by Clicking the link below: [View submitted report's PDF version](#)

Note: Once **submitted** - the Cost Report is officially filed, and the data is frozen. It can no longer be modified unless enabled by DHCFP staff – See section C. Reopen Requests.

6. Generate Reports.

Each individual Schedule may be printed by going to the desired Schedule page (by means of clicking the link on left side navigation pane) and then clicking the **PDF** button in the floating toolbar.

To print the entire report at any time, select the **PDF All** link found in the left side navigation pane.

Please note that the PDF generated may also be **saved as a file** for future reference without having to go out to INET. We suggest that you save the PDF version of the CHCCR for your personal records after you have successfully submitted.

C. Reopen Requests:

After a web application submission has been completed and closed a user may recognize that adjustments or corrections are needed. Using the web application users must create a “**reopen request** “. Reopen requests will be reviewed and either approved or rejected by internal DHCFP staff. To help ensure timely review, an email notification is automatically generated and sent to the appropriate Division staff within 4 hours of the request. The reopen request link is only visible on the left side navigation pane, after you have **submitted** the Cost report.

D. Frequently asked questions:

Q1. How do I sign up for access to the Division's Web site?

A1. Call Helpdesk (**1-800-609-7232**) to get a copy of a New *User Agreement* form.

Fill out the form and mail to:

Tony Souza (617) 988-3162
2 Boylston St
Boston, MA 02116

Q2. What if I forget my password?

A2. Call Helpdesk (**1-800-609-7232**) They will reset your password to "lhcf123!".

Q3. I have questions concerning the content of the CHC Cost Report, or how to enter it into the Web application.

A3. Call Greg Mansfield at 617-988-3266.

Q4. Is **INET** available outside the normal business hours?

A4. Yes. There are scheduled windows of routine maintenance time between 5:00AM and 8:00AM daily - that **may** affect availability. Other than that and unanticipated outages, the site is available 24hrs a day, 7 days a week.

II. User Guide Screen Shots.

This section presents screen shots from the Division of Health Care Finance and Policy's **INET** Web site. They should be used along with section "I. User Guide Overview", as a basic guide to filing the Community Health Center Cost Report (**CHCCR**) by means of INET.

A. Login Screens.

A.1 Login to the DHCFP-INET Web Site

Use this URL - <https://dhcfpinet.hcf.state.ma.us/> to access the DHCFP-INET Login page

Mass.gov Division of Health Care Finance and Policy

DHCFP-INET
Login for Registered Users

The Division of Health Care Finance and Policy has created this site to facilitate the transfer of information between the Division and the health care providers of the Commonwealth. This is a subscription site and requires providers to register with the Division prior to using this site.

If you are a registered user of this site, you can login now.

Enter your User ID

Enter your Password

CONTINUE

If you are not a registered user of this site, you can find out how to register

Login

Enter Your User ID – assigned by HCF when you register as a user.
Enter Your Password – determined by you.

Click on the "Continue" button.

Forgot your password? Call the following number at HCF:
1-800-609-7232 General Helpdesk

Note that questions concerning the **content** of the CHCCR may be directed to Greg Mansfield at **617-988-3266**.

A.2 Select the application you wish to run.

The list of applications presented to you on the Main Menu depends on which applications you specifically are registered for in INET.* To file the CHCCR, click on the following link visible on the main menu page:

Click on "[Community Health Center Cost Report](#)"

Massachusetts Division
of Health Care Finance
and Policy
2 Boylston Street
Boston, MA
02116-4737
617 988-3100

Facility: Massachusetts Division of Health Care Finance and OrgID = 3644	City: Boston
Facility ID: 3644	DPH #:

Click here

Welcome Chris Kane. Select an option from the list below.

- [Upload Files To DHCFP/Download Files From DHCFP](#)
- [View/Edit Quarterly Bed Capacity Statements](#)
- [HLHC Cost Report](#)
- [Ambulance and Chair Car Services Cost Report](#)
- [Community Health Center Cost Report](#)

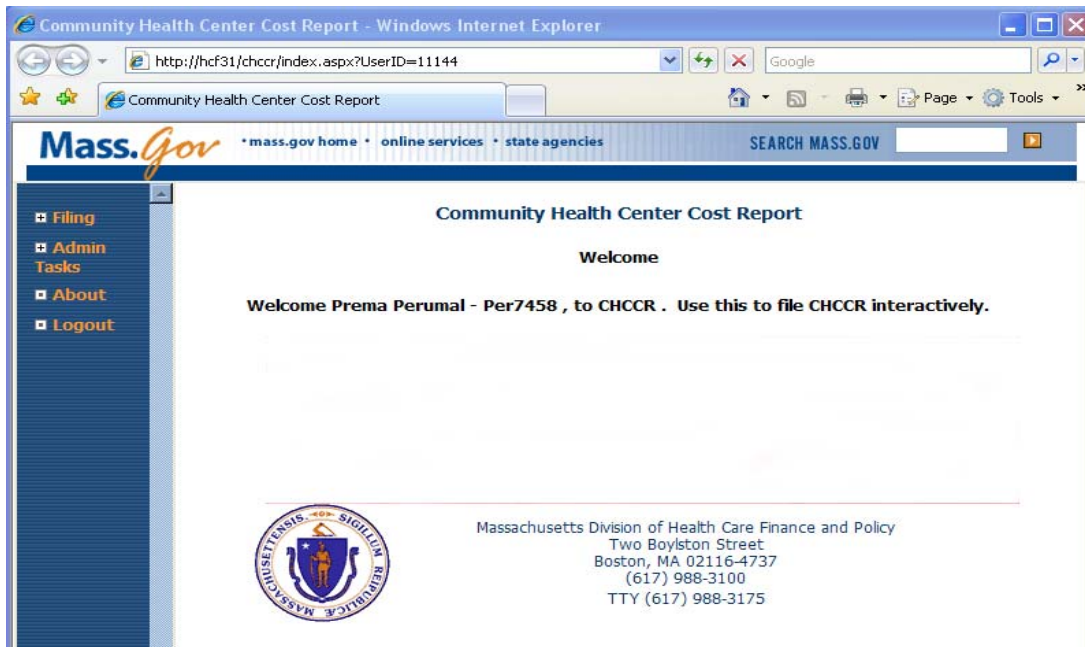
Clicking on this link brings you to the [Community Health Center Cost Report](#) Web application.

*Note that the menu options **you** see above are specific to you. Only those applications that you are signed up for in INET will be displayed here. For example you may see only the "Community Health Center Cost Report" option, or many links as displayed above.

B. Reporting data.

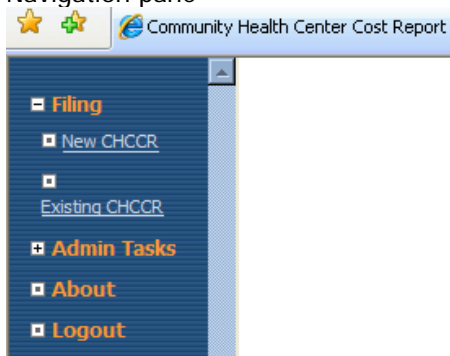
B.1 All reporting functions can be selected from the Main page.

This is the CHCCR Web application's main or "Home" page.



Functions are listed down the left side "**navigation pane**". Click on the itemized links in the navigation pane to select the function you want:

Navigation pane



Clicking on **Filing** expands to show two options - enter a New Cost Report, or Select an existing Cost Report filing.

The first time in for a specific year you will select "*New CHCCR*" to create a new filing. Once created and saved the first time, you will subsequently select "*Existing CHCCR*". Once you select an "*Existing CHCCR*", there will be additional options available in the navigation pane to select a specific schedule.

Note that at times you may need to select your facility name from a drop down box. This is necessary because some users may be registered filers for more than one facility.

B.2 Starting a new CHCCR Cost Report filing.

Following step "3.b" in the "I. User Guide Overview section B. Step by Step Process" select **Filing** and then click on **New CHCCR** from the navigation pane.

Clicking on "**New CHCCR**" results in the following screen (first time in for a particular year):

CHCCR Affiliation

Please select the fiscal year you are filing for: 01/2006

Please select a provider from the options: Boston Health Care for the Homeless Program

Create CHCCR

Then select the year and your facility name using the drop-down boxes provided.

In this example, the year "**2006**", and "**Boston Health Care.....**" has been selected.

Clicking on the **Create CHCCR** button results in the creation of a new "2006 CHCCR filing" for *Boston Health Care for the Homeless Program*.

If you already have saved work in process and want to retrieve an existing cost report click on **Existing CHCCR** from the navigation pane

Existing Cost Report (retrieve saved work in progress):

Facility Selection

Boston Health Care for the Homeless Program

Select This Facility

After selecting the CHC you want to work with, select from the list of possible existing cost reports from the list displayed (click on the row under filing period):

Chccr List

Community Health Center Cost Report

Chccr Name	Status	Creation Date	Last Update Date	Filing Period
Boston Health Care for the Homeless Program	Saved	09/11/2007 09:38:49	09/11/2007 09:38:49	01/01/2005
Boston Health Care for the Homeless Program	Saved	08/10/2007 09:04:26	09/11/2007 10:03:00	01/01/2006

The next screen presents the **General Information** page of the cost report. Note that some information is already filled in and cannot be changed. If your address or name is incorrect you should inform the Division so that they can update their records.

Note Features below:

This is the "floating" tool bar

Community Health Center Cost Report			
General Information			
Boston Health Care for the Homeless Program			
Year of Cost Report : 2006			
ORG ID:	15		
CLINIC NAME:	Boston Health Care for the Homeless Program		
FISCAL YEAR ENDING:	12/31/2006		
UPDATE:	09/10/2007 10:52:46		
STREET NUMBER :	12345		
STREET:	Main Street		
ADDRESS 2:			
P.O. BOX NUMBER:			
CITY:	Boston		
STATE:	MA		
ZIP:	02116		
MEDICARE PROVIDER #:	22222223		
FEIN:	33333334		
TELEPHONE NUMBER:	(800)988-3274 (###)###-####		
FAX NUMBER:	(###)###-####		
EMAIL :	me@world.com		
EXECUTIVE DIRECTOR:	John Smith III		
MEDICAL DIRECTOR:	Dr Jones		
FINANCIAL MANAGER:	Jerry Lewis		
	First Name	Middle Name	Last Name

The floating tool bar always presents functional options at the top left corner of the form:

Floating tool bar - Click on these buttons to:

Save – at any time to save your input

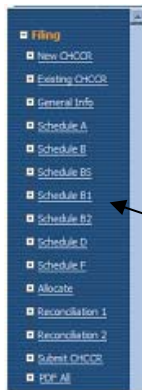
Home – go back to Main page

Error Check – to check this page for completion

PDF – create a PDF document and Print this page

Cancel – leave this page without saving

Once you have created an instance of a **new** cost report, clicking on **Filing** in the Navigation pane gives you new options. Using the Navigation pane you can go directly to any **Schedule** on the CHCCR cost report to enter or modify data.



Click on these links to go directly to a schedule or to print a report.

B.3. Filling out the remainder of the Cost Report.

You have now created a new cost report filing. To fill out the rest of the cost report you may proceed sequentially through the schedules selecting them from the navigation pane. You can also go to any schedule in any order, but some schedule items are dependant on prior schedules being already filled out.

The following are some representative screen shots from various Schedules.

General Info.

Enter a Title for each cost center, then use the **Add Cost Center 1** button to add programs for Cost Center 1. The Delete button is to remove a program that was accidentally inserted.

Enter Title of first optional cost center below.	
My Cost Center 1 :	Drugs
Specify programs or services included under first optional cost center.	
Prescribed	Delete
Performance Enhancing	Delete
Add Cost Center 1	
Enter Title of second optional cost center below.	
My Cost Center 2 :	Athletic Fees
Specify programs or services included under second optional cost center.	
Optional	Delete
Mandatory	Delete
Add Cost Center 2	
Enter Title of third optional cost center below.	
My Cost Center 3 :	
Specify programs or services included under third optional cost center.	
Add Cost Center 3	

Schedule A:

Use the **tab controls** to switch from General Ledger items to any other column to enter staffing information. Note that the tab just makes it possible to see the column without having to scroll left and right the way columns are arranged on the paper form.

Tabs

Save Home Error Check PDF Cancel

Community Health Center Cost Report
 Schedule A - Staffing Information
 Boston Health Care for the Homeless Program
 Year of Cost Report : 2005

General Ledger Admin Medical Visit Urgent Care Visit Residency Medical Visit Residency Urgent Care Visit School Based Health Care Visit
 Lab X-ray Pharmacy Dental Mental Health Support Social Services Support Other Wellness Family Planning WIC CC1 CC2 CC3

Normal work week hours: 40 Hours per Year: 2,080

		GENERAL LEDGER (TOTAL)		
COUNT	STAFFING CATEGORY	TOTAL MEDICAL UNITS OF SERVICE	TOTAL FTE	TOTAL DOLLARS (\$)
1	1 - Medical Doctor	1	2	12,000
3	2 - Medical Resident	2	4	13,000
2	3 - Dentist	8	3	9,000
10	4 - Hygienist	0	5	100,000
3	5 - Psychiatrist	0	0	0
6	6 - Podiatrist	0	0	0
7	7 - Administration	0	0	0


Complete.

To complete data entry for the entire cost report, proceed to each schedule and enter all relevant information:

Enter all required information into the **cells** on each form.

A **shaded cell** indicates that no information is required.

Blank cells are treated as Zero.

When you are finished with each Schedule, you should **save** , and then run an **Error check** to make sure you have met all the required criteria.

Save Home Error Check PDF Cancel

Community Health Center Cost Report

Schedule A - Staffing Information
Boston Health Care for the Homeless Program
Year of Cost Report : 2005

General Ledger	Admin	Medical Visit	Urgent Care Visit	Residency Medical Visit	Residency Urgent Care Visit	School Based Health Care Visit
Lab	X-ray	Pharmacy	Dental	Mental Health	Support Social Services	Support Other
Wellness	Family Planning	WIC	CC1	CC2	CC3	

Normal work week hours: 40 **Hours per Year:** 2,080

GENERAL LEDGER (TOTAL)				
COUNT	STAFFING CATEGORY	TOTAL MEDICAL UNITS OF SERVICE	TOTAL FTE	TOTAL DOLLARS (\$)
1	1 - Medical Doctor	1	2	12,000
3	2 - Medical Resident	2	4	13,000
2	3 - Dentist	8	3	9,000
10	4 - Hygienist	0	5	100,000
3	5 - Psychiatrist	0	0	0
	6 - Podiatrist	0	0	0
	7 - Administration	0	0	0

You may choose to run **Error Check** when finished with a Schedule. This will check errors within the current Schedule you are working on **only**. You can save and come back at any time.

If there is missing information, or data that is inconsistent (such as details that don't add up to the summary total) you will get a list of Errors detected as shown in the screen shot below:

Run edits on Schedule A:

Home Print Back

Community Health Center Cost Report

Edits Error List

Page	Error Code	Error Message
Sched A	F003	If FTE > 0, then Dollars/FTE should be > 10000,Medical Doctor, Med Visit FTE vs. Med Visit Dollars
Sched A	F003	If FTE > 0, then Dollars/FTE should be > 10000,Medical Resident, Admin FTE vs. Admin Dollars
Sched A	F003	If FTE > 0, then Dollars/FTE should be > 10000,Medical Resident, Med Visit FTE vs. Med Visit Dollars
Sched A	F003	If FTE > 0, then Dollars/FTE should be > 10000,Dentist, Admin FTE vs. Admin Dollars
Sched A	F003	If FTE > 0, then Dollars/FTE should be > 10000,Dentist, Med Visit FTE vs. Med Visit Dollars

Error codes that start with "F" indicate a critical (Fail) error that must be corrected before the filing will be accepted.

Error Check - The following is a representative list of CHCCR edits that validate a cost report before it can be submitted:

Error #	Fail/Warning	Error Message
F001	F	Missing Field
W001	W	Missing Field
F002	F	Invalid Value
W002	W	Invalid Value
F003	F	If FTE > 0, then Dollars/FTE should be > 10000
F004	F	If FTE > 0, then Units of Service should be > 0
W003	W	If FTE > 0, then Dollars/FTE should be > 10000
W004	W	If FTE > 0, then Units of Service should be > 0
F005	F	If (F) Total Medical Visits > 0, then (G) Total All Visits should be > 0
W005	W	If (F) Total Medical Visits > 0, then (G) Total All Visits should be > 0
F006	F	If Salaries+Wages > 0, then Payroll taxes should be > 0
W006	W	If Salaries+Wages > 0, then Payroll taxes should be > 0
F007	F	If Salaries+Wages > 0, then Employee Benefits should be > 0
W007	W	If Salaries+Wages > 0, then Employee Benefits should be > 0
F008	F	If Variance is not 0, Variance explanation is required
W008	W	If Variance is not 0, Variance explanation is required
F009	F	Explained Variance total does not tally to the variance
W009	W	Explained Variance total does not tally to the variance

A final reminder – **SAVE** frequently. It is recommended to save at least after each Schedule is completed. Also remember that inactivity for 20 minutes will result in a session timeout that will result in loss of data entered after the last SAVE.

C. Submitting the Cost Report.

Once you have entered and SAVED all the Schedules, and have successfully cleared all errors resulting from "Error Check", you are now ready to Submit your Cost Report to the Division.

In the Submission process you will be asked to sign the document, to affirm the accuracy of your filing. You will see the name of the authorized submitter is auto-filled. The name is based on the person who is logged in to the Web application. Clicking on the "Submitter's acknowledgement" checkbox (step 2 below) constitutes signing.

Once you have successfully signed the document, the cost report will be read-only from that point on. To make the cost report editable again once it's been signed will require submitting a reopen request to HCF (See section D. Reopen request).

- (1) In the navigation pane - click on "**Submit CHCCR**".

Submit CHCCR:

Submit Home PDF Cancel

Facility Name: Joseph M. Smith Community Health Center Filing Period: 01/01/2006

ACCURACY OF REPORT

CERTIFICATION BY PROVIDER

To the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. If the reports and accompanying schedules were prepared by a person other than the owner, partner, or officer of the provider, his/her declaration is based upon all information of which he/she has any knowledge.

Signature of authorized Submitter: Prema Perumal - Per7458 - 11144

Date of Submission (MO/DA/YR): 09/11/2007

By checking the box below I hereby certify that I am authorized by the provider to submit this information.

Submitter's acknowledgement: ☐

Massachusetts Division of Health Care Finance and Policy
Two Bowdoin Street

the **Submit** button

- (2) Click here to place a "check" which acknowledges your authorization of the information provided on this filing. (3) Click on the **Submit** button (floating tool bar) to complete the file submission process.

This is a signed report:

Signature of authorized Submitter: Prema Perumal - Per7458 - 11144

Date of Submission (MO/DA/YR): 09/11/2007

By checking the box below I hereby certify that I am authorized by the provider to submit this information.

Submitter's acknowledgement: ☒

If you click on the Submit button after signing, the application double checks all Schedules to assure integrity of reported information, and where applicable, that all required information has been completed. If there are no errors found – you will see displayed the following screen which acknowledges that your cost report filing is now officially submitted. The screen shot below shows a successful submission:

Submit confirmation message:

[Home](#) [Dismiss](#)

Facility : Joseph M. Smith Community Health Center

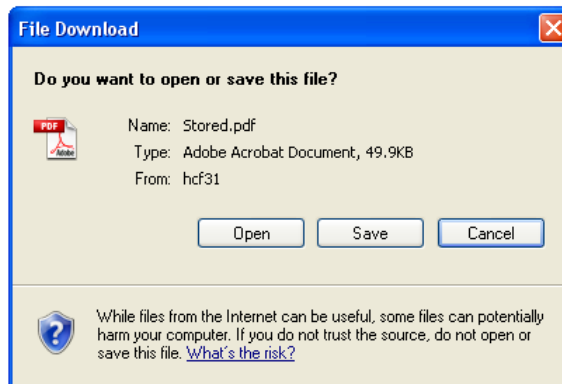
Congratulations! Your Chccr is now officially submitted, and no longer editable. A PDF version is generated and stored in the system for the record.

You are strongly urged to view and print the PDF for your own record by Clicking the link below: [View submitted report's PDF version](#)

You have now successfully **submitted** your cost report. As suggested, you should print a “**PDF**” version of the submission. The cost report will be received and recorded as submitted by HCF on this same day.

Print and/or Save PDF:

You are strongly urged to view and print the PDF for your own record by Clicking the link below: [View submitted report's PDF version](#)



D. Reopen request.

Once a cost report has been signed it is rendered un-editable. If for any reason you wish to revise a cost report after that point you must make a request to HCF using the INET application to have the file submission "reopened". This process is described in the following sections.

Note that once a cost report is submitted, a new option **Reopen Request** appears under the Filing option in the Navigation pane:



Follow these Steps:

- (1) Click on **Reopen Request**
- (2) You will be required to **type in a brief explanation** (in the Textbox) as to why you want to reopen the submission.
- (3) Click the **SAVE** button.

The **SAVE** button *activates* the request to reopen your submission for editing. The Division will receive an email within 24hours and respond to this request as soon as possible

Pending Reopen Request: As the Division has the right to accept or reject the request to reopen, the Division will contact you to discuss this matter before taking any action.

If the request is accepted, the submission is reopened for edit and the cost report must be resigned and resubmitted after modifications are made.

PDF versions of both the original and revised submissions will be saved.